

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012861

State File No.

FILED MAY 4 1959

BIRTH NO.		REG. DIST. NO. <u>115-116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>103</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>			
b. CITY OR TOWN <u>Washington</u>		c. LENGTH OF STAY (in this place) <u>17 days</u>		c. CITY OR TOWN <u>Villa Ridge</u> <u>0360</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>P.R. 1</u>			
3. NAME OF DECEASED (Type or Print) <u>William</u>		a. (First) <u>L.</u>		b. (Middle) <u>GREGORY</u>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 28 1959</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Sept. 31, 1898</u>		9. AGE (In years last birthday) <u>60</u>		10. MONTHS <u>7</u>		11. DAYS <u>7</u>	
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Executive</u>		13. KIND OF BUSINESS OR INDUSTRY <u>Easton Taylor Trust</u>		14. BIRTHPLACE (City and State or Foreign Country) <u>Indiana</u>		15. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
16a. FATHER'S NAME <u>William L. Gregory</u>		16b. MOTHER'S MAIDEN NAME <u>Ernie L. Benham</u>		17. NAME OF HUSBAND OR WIFE <u>Katherine L. Deuborn</u>			
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		19. SOCIAL SECURITY NO. <u>W.V. #1</u>		20. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Carl Schmelz</u> ADDRESS <u>Villa Ridge, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Arrest</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiovascular fatigue</u> DUE TO (c) <u>Singultus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive Cardiovascular renal disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>20 days</u> <u>12 years</u>	
19a. DATE OF OPERATION <u>14 Apr 57</u>		19b. MAJOR FINDINGS OF OPERATION <u>Diaphragmatic Hernia</u>		20. AUTOPSY? <u>4330</u>		1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1949</u> to <u>28 Apr 1959</u> , that I last saw the deceased alive on <u>28 Apr 1959</u> , and that death occurred at <u>7:00 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. H. Richardson M.D.</u>				23b. ADDRESS <u>Union Mo</u>		23c. DATE SIGNED <u>28 Apr 59</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 4, 1959</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Local Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>English, Indiana</u>	
DATE REC'D BY LOCAL REG. <u>4/29/59</u>		REGISTRAR'S SIGNATURE <u>F. J. Sudman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Richardson</u> ADDRESS <u>Washington, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 8 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed

Lester H. Vitt

Licensed Embalmer No. 325

P. O. Address *Washington*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.